

Congestive Heart Failure (CHF) Acute Exacerbation Episode

Executive Summary

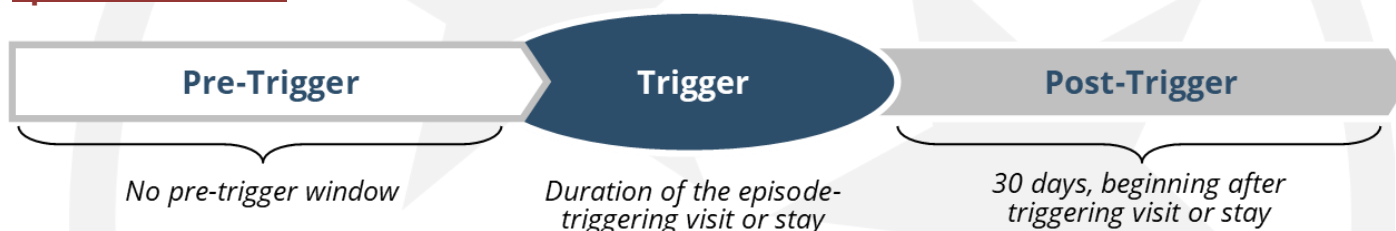
Episode Design

- **Trigger:** CHF diagnosis
- **Quarterback type:** facility (CHF treatment site)
- **Care included:** all CHF-related care including imaging and testing, evaluation and management, and medications

Sources of Value

- Effective use of imaging and testing (e.g., echocardiography when indicated)
- Reduce unnecessary admissions
- Appropriate site of care and length of observation/stay
- Appropriate post-acute care (e.g., use of SNFs, IRFs)
- Efficient use of follow-up testing
- Appropriate use of medications
- Reduce hospital reencounters (e.g., repeat exacerbation)
- Reduce complications

Episode Duration



Quality Metrics

Tied to Gain-Sharing

- Follow-up care within the post-trigger window (higher rate is better)

Informational Only

- Follow-up care within the first seven days of post-trigger window
- Emergency department visit within the post-trigger window
- Admission within the post-trigger window
- Mortality
- Utilization of functional status assessment

Making Fair Comparisons

Exclusions

- Business exclusions: inconsistent enrollment, third-party liability, dual eligibility, FQHC/RHC, no PAP ID, incomplete episodes, overlapping episodes
- Clinical exclusions: different care pathway (e.g., coma, cystic fibrosis, end stage renal disease, paralysis, active cancer management)
- Patient exclusions: age (greater than 64 years old), death, left against medical advice
- High-cost outlier: episodes with risk-adjusted spend greater than three standard deviations above the average risk-adjusted episode spend for valid episodes are excluded.

Risk adjustment is used to ensure appropriate comparisons between patients.

To learn more about the episode's design, please reference the Detailed Business Requirements (DBR) and Configuration File on our website at <https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html>.